

# Practical Guidance for Primary Care Providers

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## *Related to COVID and Return to School*

### General Definitions

**Potential Exposure** – Being in the same household or having come into close contact with an individual who is confirmed or suspected to have a COVID-19 infection.

**Close contact** - close contact is defined as exposure for more than 15 continuous minutes, AND within 6 feet AND during the period starting 48 hours before symptoms appeared until the time the infected person is isolated, AND when one or both people were not wearing masks.

**Proximate Contact** - Being in the same enclosed environment such as a classroom, office or gathering, but greater than 6 feet from a person displaying symptoms of COVID-19 or someone who has tested positive for COVID-19.

**Contact tracing** - Local health department (LHD) does case investigation of lab confirmed cases and part of that investigation is to identify close contacts; once identified, those close contacts are contacted and issued quarantine orders.

**Case** – An individual with a lab-confirmed COVID-19 diagnosis. Cases are always issued an Isolation Order by the Health Department unless the individual has had a prior lab-confirmed case within the past 12 weeks and has completed the initial isolation.

**Isolation** – used for a lab confirmed case whether or not the patient has symptoms; at a minimum, must remain in isolation 10 days. Isolation = away from others in the household (in a separate area of the home if possible). Managed by the Local Health Department (LHD) who will assess for release (criteria includes fever free for 24 hours and symptoms improving). Note that isolation may take longer if immune suppressed or if continued fever or other significant symptoms. Isolation is also used for symptomatic people awaiting medical evaluation, testing or test results.

**Quarantine** – used for asymptomatic people with close contact to a confirmed lab case or who have traveled from an area with high incidence. Quarantine = stay at home. Typical period is a minimum of 14 days since last exposure and symptom free. If symptoms develop during the quarantine period, the Dept. of Health will encourage testing, and length and nature of quarantine may be extended (e.g. converted to isolation).

## General School Policies and Procedures

### **How many schools are allowing opt out of in person schooling vs requiring medical excuse?**

ALL school districts are offering a 100% remote option and none of the Monroe County plans require medical excuse.

### **How are kids being screened for symptoms?**

School plans state that symptoms should be checked at home and an app or online form completed. If a student arrives at school without the checklist being submitted, they will then be screened at school before being allowed in to class. All schools require temperature screening completed; best practice is for it to be done at home prior to getting on bus. Some schools have indicated they will take temperatures at the door.

### **What about busing?**

While seated on the bus, each student must maintain social distance and wear a face covering. All of the school reopening plans have indicated that buses will be seated 1 child per seat UNLESS they live together. Districts are adjusting start times, bus routes, etc. to accommodate 50% capacity on the buses.

### **Do private schools have to follow the same recommendations as public schools?**

Private, charter and parochial schools have to follow state guidelines and did have to submit plans to the state as well and be approved.

### **What questions will the symptom screening script for schools include?**

We are recommending that all schools follow the same questions as are utilized by region's ROC COVID Screener.

## Masking

### **Are all the schools requiring kids to be masked all the time?**

Masks are required and the state has clarified that the rules are for children to be spaced 6 feet apart AND masked. However they will be allowed "mask breaks" every 30 minutes or between class periods when seated 6 feet apart from their peers and teachers.

### **What do we consider a medical exemption to masking?**

Every child deserves the protection afforded by masking as masking reduces exposure and transmission risk. There should only be the rarest of exceptions, specifically:

- A previously documented neuromuscular disorder that makes it difficult for a child to remove a mask themselves

For all other patients, including those with a previously diagnosed, severe developmental/behavioral problem or those with the diagnosis of Serious Emotional Disturbance (SED) or other developmental or behavioral health disorders, in concurrence with the American Academy of Pediatrics and GCH Developmental and Behavioral Pediatrics specialist expert guidance, we recommend that these children receive support (including motor and behavioral health approaches) to successfully tolerate a mask. Masking tolerance resources and support should be presented, practiced and reinforced at school and at home.

[Resource Link:](#) UPMC developmental pediatrics masking toolkit

[Resource Link:](#) AHP Patient Pearls: Helping Your Child to Feel Comfortable Wearing a Mask

[Resource Link:](#) Masking Tolerance Sample Healthcare Request

### **What happens for children who have not achieved mask tolerance?**

Those children should attend school with strict 6 foot physical distancing and appropriate PPE for their teachers, staff and care givers, along with all the same symptom prescreening and school symptom screening checks, and should have a behavior plan in place to continue to work towards mask tolerance.

### **Does a face shield replace a mask?**

No

## **Identification of Illness and Return to School**

[Resource Link:](#) MCDPH algorithm – Students Screen Positive

### **Why does the MCDPH algorithm specify that a child with an alternative or no diagnosis who has a negative COVID laboratory test need to be symptom free since standard of care would previously have been to allow return to school once fever free for 24 hours and symptoms improving?**

At this time, State DOH Guidelines specify that: *returning to learning protocol must include at minimum documentation from a health care provider evaluation, negative COVID-19 testing, and symptom resolution, or if COVID-19 positive, release from isolation.* The State DOH Guidelines differ from CDC and State Department of Education guidance. If there are revisions to this, algorithms and local guidance will be updated and communicated to the healthcare and school communities immediately.

### **Is there a list of the symptoms the state considers suspect for COVID?**

Fever greater than 100F, chills, shortness of breath, sore throat, loss of taste or smell, headache, cough, nasal congestion, nausea, vomiting or diarrhea, fatigue, muscle or body aches are the list of potential symptoms

### **What happens if a child has some symptoms from this list?**

They will be kept home or sent home from school.

**Will that child require clearance from their doctor or primary care provider to return to school?**

Yes

**Is a negative COVID test required for return to school related to illness regardless of symptom resolution and isolation greater than 10 days?**

At this time, yes.

**Do positive COVID tests require a follow-up negative COVID test?**

No – the Local Health Department will determine when the student is released from isolation.

**What happens if a patient or parent refuse a COVID test? Will they be able to return to school after symptom resolution and a specified period of isolation?**

At this time, a negative COVID test is required to return to school.

## Testing

**NP swab is required for testing symptomatic patients;** nares/mid-turbinate swab is acceptable only for asymptomatic testing. The transport media is the same for both.

**Is a negative antigen test acceptable?**

No; because of a 20% false negative rate, the antigen test is not acceptable to rule out COVID; a follow-up PCR test would be required to confirm it.

**Any positive COVID tests are handled by the Local Health Department** including notification of school, assessment, isolation, contact tracing (see definitions, page 1). Student identity will only be released to the school for contact tracing, not to the public.

**How quickly and how long will PCR stay positive?** PCR can become positive even before symptoms develop and may remain positive for up to 3 months after infection.

**Where can patients get COVID testing done?** NP swabs can be obtained in primary care practices, health care clinics, and acute care (e.g. Urgent Care) settings to be sent to local labs for PCR testing. The majority of local urgent care centers will accept a referral order from a primary care provider for a nursing visit only to obtain the NP COVID sample, assuming that the PCP will perform the health evaluation and only the test is required. The urgent care centers can also do the full evaluation and testing at the request of the PCP.

## Family

### **If a child is on quarantine due to a parent, sibling or other household member testing positive, when does that quarantine period start and end?**

Quarantine for close contact starts with the exposure to the positive case and ends 14 days AFTER the last exposure to a positive person.

### **Do household contacts need to be isolated if there is a sick child in the home while waiting for the COVID test?**

The child who has symptoms should be isolated to a reasonable extent within the home to minimize exposure to other family members, but there is no isolation required for other family members unless there is a lab-confirmed COVID positive test.

### **What happens for the family members (close contacts) of a child who screens positive for symptoms and is isolating at home with a pending test. Do the siblings get removed from school and parents need to stay home from work pending the test result?**

There is no requirement for official quarantine of a close contact (e.g. family member) of a suspected case, only for lab confirmed COVID positive cases.

## School Procedures

### **What happens to other kids in classroom when a student is sent home with COVID symptoms?**

This will depend on symptoms and exposure; in general, students should be able to continue in their class in the absence of a positive COVID test.

## DX and Exposure

### **What do you do with student exposed to someone with COVID-like symptoms if the symptomatic person has not been tested?**

Monitor for symptoms, no need to quarantine unless there is a lab-confirmed positive test.

### **So does masking automatically make an exposure low risk?**

Yes, if both parties were masked, masking is the most effective strategy to reduce exposure risk, along with physical distancing 6 feet apart.

## College Students

### **Asymptomatic testing – including those who need testing before return to college: what is the best way to obtain the testing?**

- NYS DOH provides free asymptomatic testing at MCC currently without a provider order and sends out for results so may have a slower turn around
- Independent pediatric Urgent Cares (Acute Kids and Pediatric Urgent Care) are providing asymptomatic testing with a provider order
- Insurance will not cover asymptomatic testing at this time

## Office Procedures

### **What are the recommendations for changing your PPE between patients if you are seeing a series of patients just to get swabs?**

Full PPE is required – mask, face shield, gown, and gloves; Gown may be omitted if swabbing asymptomatic patients. Gloves must be changed between patients and other PPE changed if contaminated.

## Childcare Guidelines

### **Do childcare centers have these same rules?**

There is variability between current guidelines for schools and those for childcare, specifically related to assessment and need to test. This will be confusing for families and for providers, but is related to different guidelines from the state for childcare settings and schools. MCDPH is preparing a compare/contrast document to help clarify the differences. Any revisions that bring these guidelines in sync will be shared and highlighted in future updates.